

STATE OF LOUISIANA
OFFICE OF CONSERVATION

APPLICATION FOR WELL STATUS DETERMINATION
(NEW DISCOVERY WELL)

SERIAL NO. _____
FIELD _____
OPERATOR _____
WELL NAME & NO. _____
APPLICATION DATE _____

AFFIDAVIT

STATE OF _____

PARISH (COUNTY) OF _____

BEFORE ME, the undersigned authority, duly commissioned and qualified within and for the State and Parish (County) aforesaid, personally came and appeared _____, who, being by me first duly sworn, deposed and said:

That he/she is the (Title) _____ of (Applicant) _____, applicant for Serial No. _____, and in that capacity he/she is requesting the Commissioner of Conservation of the State of Louisiana to determine the status of said well pursuant to Act 2 of the 1994 Regular Session (R.S. 47:633 et seq).

That the well was spudded on _____
(Attach Form WH-1)

That the well commenced production on _____

That the cost of completing the well to the commencement of production is \$ _____. (Attach a detailed itemized statement supporting such figure)

That the drilling operator employed Louisiana residents to the maximum extent possible during exploration and production activities connected with the well.

That the well has been recognized as a new discovery by the Office of Conservation. (Attach Conservation Order recognizing new reservoir or letter designating new field discovery)

That on the basis of the documents submitted in this application, he/she has concluded that to the best of his/her information, knowledge and belief, the well in question qualifies as a New Discovery Well and that he/she has no knowledge of any other information which is inconsistent with his/her conclusion.

Signed _____

Subscribed in my presence and duly sworn to before me, this _____ day of _____, 19____.

Notary Public

My commission expires _____

OFFICE OF CONSERVATION USE ONLY	

<input type="checkbox"/>	Approved Signed _____ Date _____
<input type="checkbox"/>	Denied